

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ML | | 05-31-01 |
| O.I.P.E. CLASSIFIER | Red | | 6/15/01 |
| FORMALITY REVIEW | ft | 927 | 07-27-01 |
| RESPONSE FORMALITY REVIEW | Zm | 927 | 09/24/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 11/22/01 | |
| 2 | ✓ | 09/25/01 | |
| 3 | ✓ | | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | ✓ | | |
| 8 | ✓ | | |
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| 50 | ✓ | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | 11/22/01 | |
| 52 | ✓ | 09/25/01 | |
| 53 | ✓ | | |
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| 100 | ✓ | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | ✓ | 11/22/01 | |
| 102 | ✓ | 09/25/01 | |
| 103 | ✓ | | |
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| 146 | ✓ | | |
| 147 | ✓ | | |
| 148 | ✓ | | |
| 149 | ✓ | | |
| 150 | ✓ | | |

If more than 150 claims or 10 actions
staple additional sheet here

29 7/28 5C583 1/01